

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | | 4 | | | | |
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| 8 | | 4 | | | | |
| 9 | | 4 | | | | |
| 10 | | 4 | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | | 4 | | | | |
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TOTAL IND.

6

TOTAL DEP.

48

TOTAL CLAIMS

54

| | IND | DEP | IND | DEP | IND | DEP |
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TOTAL IND.

6

TOTAL DEP.

48

TOTAL CLAIMS

54

124
48